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Customer No. 62274
Dardi & Associates
US Bank Plaza, Suite 2000
220 South 6th Street
Minneapolis, Minnesota 55402
Telephone: (612) 746-3005
Facsimile: (612) 746-3006

Attorney Docket No. 3223.01US02

REQUEST FOR CONTINUED EXAMINATION
(RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 10/797,481, filed March 10, 2004 for: SACROILIAC JOINT IMMOBILIZATION, by: John G. Stark.

1. Submission required under 37 C.F.R. § 1.114

a. ☒ Previously submitted

☒ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on October 17, 2007 in said prior application.

☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on _____

☐ Other _____

b. ☐ Enclosed

☐ A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.

☐ Affidavit(s)/Declaration(s)

☐ Information Disclosure Statement (IDS)

☐ Other _____

2. ☒ The filing fee is calculated below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entry Rate	Add'l Fee	OR	Large Entry Rate	Add'l Fee
Total	13	- [24]**	=	x 25	\$0.00		x 50	\$
Indep.	1	- [3]***	=	x 105	\$0.00		x 210	\$
RCE fee			=	+ 405	\$405.00		+ 810	\$
Mult. Dep.			=	+ 185	\$		+ 370	\$
TOTAL					\$405.00	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim [MDC]

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

12/04/2007 SSANDARA 00000001 503863 10797481

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RCE of U.S. Application No. 10/797,481
Filed March 10, 2004

3. [X] The Commissioner is authorized to charge Deposit Account No. 50-3863 in the amount of \$405.00 (The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 50-3863.

Respectfully submitted,

Elizabeth Q. Shipsides

Elizabeth Q. Shipsides
Registration No. 57,529

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 50-3863.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 571-273-8300 on the date shown below.

November 26, 2007
Date

Elizabeth Q. Shipsides
Elizabeth Q. Shipsides

NOV 26 2007

DARDI & ASSOCIATES, PLLC

ATTORNEYS AT LAW

Intellectual Property-patents,
trademarks & copyrightsPeter S. Dardi, Ph.D.
Curtis B. Herbert, Ph.D.U.S. Bank Plaza
Suite 2000
220 South Sixth Street
Minneapolis, MN 55402
612.746.3005 phone
612.746.3006 fax

FACSIMILE COVER SHEET

TOTAL NUMBER OF PAGES BEING SENT: 3

[] Original documents to follow by mail [X] No originals will be sent

DATE: November 26, 2007

TO: Examiner Michael B. Priddy
Group Art Unit 3733

PHONE #: 571-272-2243

FAX #: 571-273-8300

One Security Centre
Suite 400
3490 Piedmont Road
Atlanta, GA 30305
404.949.5730 phone
612.746.3006 faxApplication No.: 10/797,481
Applicant: Stark
Due Date: November 24, 2007 (Saturday)

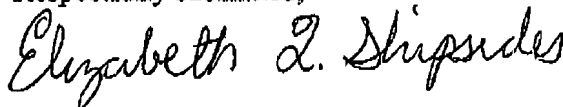
OUR REF.: 3223.01US02

FROM: Elizabeth Q. Shipsides
PHONE #: 612-605-1045

Attached is the following for filing in the above-identified application.

- (1). Request for Continued Examination (RCE) Transmittal.

Respectfully submitted,

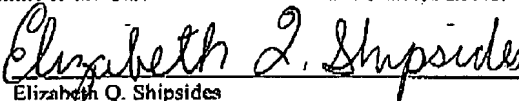
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Elizabeth Q. Shipsides

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